

FEDERAL DISCLOSURE STATEMENT AND INSURANCE DISCLOSURE

LENDER'S NAME & ADDRESS:

FIRST METROPOLITAN FINANCIAL SERVICES, INC.
305 HWY 80 EAST
CLINTON, MS 39056

MISSISSIPPI
DISCLOSURE SET (7-21)

The within instrument or agreement is pledged
as collateral to

ACCOUNT NO.

5372

FIRST DUE DATE

10/20/2024

BORROWER'S NAME / MAILING ADDRESS:

SONYA MOYE- DANIELS
1440 CINDY DR
TERRY, MS 39170

The within instrument or
agreement is pledged
as collateral to
Independent Bank

DATE OF LOAN 9/20/2024

As used in this document, the words "you" and "your" refer to Borrower(s).

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled.
33.84 %	\$ 2,423.36	\$ 6,216.64	\$ 8,640.00

Your payment schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
1	\$ 360.00	Monthly Beginning 10/20/2024
23	\$ 360.00	Due the Same Day Each Successive Month as the First Payment Day

FILING FEES \$ 9.00

NON-FILING INSURANCE \$

SECURITY: You are giving a security interest in:

- ☐ the goods or property being purchased ☒ personal property
☐ your automobile ☐ other

Collateral securing other loans with Lender may also secure this loan.

LATE CHARGE: If you don't pay any payment within 14 days after its due date, you will pay the greater of 4.00 % of the unpaid amount of the late payment or \$ 5.00.

PREPAYMENT: If you pay off early, you ☒ may ☐ will not be entitled to a refund of part of the Finance Charge.

See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, credit and property insurance, and prepayment refunds and penalties.

INSURANCE

Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless you sign agreeing to pay the additional cost.

TYPE	TERM	PREMIUM	AMOUNT OF COVERAGE	SIGNATURE
Single credit life*		\$	\$	I want single credit life insurance. Signature
Joint credit life*		\$	\$	We want joint credit life insurance. Signature Signature
Single credit life and disability*	24	\$ 528.84	\$ 8,640.00	I want single credit life and disability insurance. Signature
	24		Monthly Benefit \$ 350.00	
Joint credit life and single disability*		\$	\$	We want joint credit life and single disability insurance. Signature Signature

I hereby make application to the named company(s) for the insurance itemized in the schedules and declare that the purchase is entirely voluntary and has not been made compulsory by the creditor. The option has been extended to me to purchase the insurance from any company or agent of my choice. I freely choose the herein named company(s) and agent to whom this application is made and authorize the creditor to deduct from the proceeds of my note the aforesaid amount of my premium.

You may obtain property insurance from anyone you want that is acceptable to the creditor. If you get the insurance from the creditor you will pay \$ 673.92 for a term of 24 months. The amount of insurance is \$ 8,640.00.

You may obtain single interest automobile insurance from anyone you want that is acceptable to the creditor. If you get the insurance from the creditor you will pay \$ _____ for a term of _____ months. The amount of insurance is \$ _____.

I have received a completed copy of this Federal Disclosure Statement and Insurance Disclosure before signing the Note or any Security Agreement or instruments securing such Note and Loan.

Witness (to all)

Witness

Witness

Date

Date

Date

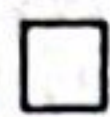
Borrower

Borrower

Borrower

FIRST METROPOLITAN FINANCIAL SERVICES, INC.

CHECK ONE:



Appraised Outside



Verbally Given

EXHIBIT A – PERSONAL PROPERTY

Description of collateral given as security to: FIRST METROPOLITAN FINANCIAL SERVICES, INC.(Street) 305 HWY 80 EAST(City) CLINTON(State) MS (Zip) 39056

by the undersigned to secure loan as numbered made on date started:

This document is made a part of Disclosure Statement-Note Security Agreement, of even date and further identified by Number of Loan.

5372

DESCRIPTION OF COLLATERAL GIVEN AS SECURITY

Date Verified Cust. Int.

50	9/20/24
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Date Verified Cust. Int.

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Date Verified Cust. Int.

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CONSUMER GOODS (Valued at current actual value of each item):

Num	PO	Item	Description	Make/Color	Serial Number	Cash Value
1	N	[030] Riding Lawn Mower	SCAG BIGGEST LAWNMOWER	ORANGE	000001596	\$21,000.00
	N	[042] Other Miscellaneous	ATV 4WHEELER-POLARIS W/ SNORKEL	BEAVER	HPOLPP202BX2	\$16,000.00
2	N	[001] Television	75" AND 85" SAMSUNG TVS			\$3,200.00
Total Personal Property Items						\$40,200.00

Also the following motor vehicle(s), complete with all attachments and equipment, now located at the address of the borrower(s) show above to wit:

The above described items are fully paid for and free of any liens or encumbrances whatsoever and are given as collateral for monies loaned. Further said collateral is located at the address shown on Disclosure Statement-Note-Security Agreement. You will notify us in writing if any security is permanently moved from your residence until this indebtedness is satisfied in full.

EXCLUSIONS

You specifically exclude from this security agreement the following items on a loan for a personal, family, or household purpose, unless we have a purchase money security interest in the items:

Clothing, furniture, appliances, one radio and one television, linens, china, crockery, kitchenware, and personal effects (including wedding rings) of the borrower(s) and his/her/their dependents.

If any item(s) listed above fall within the excluded items listed here and we do not have a purchase money security interest in the item(s), then this pre-printed Exclusion will supersede the item(s) typed or written above and we do not take a security interest in any excluded item(s).

Borrower SONYA MOYE- DANIELS

Co-Borrower

Address 1440 CINDY DRCity TERRYSt. MS Zip 39170

Witness

Date of Loan

Interface Account Number

Witness

Date of Loan

Interface Account Number

Witness

Date of Loan

Interface Account Number

Borrower

Spouse of Borrower

Borrower

Spouse of Borrower

Borrower

Spouse of Borrower

240317142

File Number: 20244428160A

Date Filed: 9/20/2024 10:00:16 AM

Michael Watson
Secretary of StateUCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Hannah Whitaker (601) 708-5045
B. EMAIL CONTACT AT FILER (optional)
fmfsclinton@gmail.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
First Metropolitan Financial Services, Inc. - UCC Online

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor Name (1a or 1b) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's Name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION NAME				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
MOYE-DANIELS	SONYA			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1440 CINDY DR	TERRY	MS	39170	USA

2. DEBTOR'S NAME: Provide only one Debtor Name (2a or 2b) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's Name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION NAME				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
305 HWY 80 E	Clinton	MS	39056	USA

4. COLLATERAL: This financing statement covers the following collateral:

SCAG RIDING LAWNMOWER ORANGE POLARIS ATV - 4 WHEELER BLUE S/N HPOLPP202BX275" SAMSUNG TV85" SAMSUNG TV

5. Check only if applicable and check only one box Collateral is ☐ held in a Trust (see UCC1Ad item 17 and instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box

☐ Public-Finance Transaction ☐ Manufactured Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable) ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA